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**Dr Porterfield Responds**

TO THE EDITOR: Drs Hussain and Vasireddi correctly highlight the need for a global response to the AIDS epidemic and for vastly increased support to developing countries. I propose that medical education programs for health care professionals would be an essential part of these efforts. In my limited experience in India, many physicians and nurses did not feel that AIDS was an important health care issue for India. At the same time, in my article I attempted to communicate how inspired I was by the HIV research and clinical groups I met in Madras, Vellore, and Delhi. Certainly, fear and misunderstanding about HIV exist among physicians and citizens in every country; this represents only one of many battles to be fought.

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**Gadolinium Nonradioactivity**

TO THE EDITOR: I read with amazement in the July 1993 issue in the epitome "Preserving Hearing in Acoustic Neuroma Removal," that gadolinium is radioactive.

We have enough difficulties convincing patients to climb into magnetic resonance imaging (MRI) units without invoking radioactivity.

Gadolinium is a paramagnetic substance that produces

shortening of the T1 value of water when it can interact with water. This results in increased signal intensity on T1-weighted images. There is no radioactivity involved. In fact, all energies used to do MRI studies are room temperature energies. No high-energy physics is involved in the process.

I think the record needs to be set straight on this critical issue.

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**REFERENCE**

1. Johnson JP, King WA, Andrews JC, Becker DP, Canalis RF: Preserving hearing in acoustic neuroma removal. *In* Epitomes—Important Advances in Clinical Medicine—Otolaryngology—Head and Neck Surgery. West J Med 1993; 159:72-73

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**Dr Johnson Responds**

TO THE EDITOR: Our epitome includes an editing error, appropriately pointed out by Dr Solomon, stating that gadolinium technique of enhancement for MRI scanning involves radioactivity. This is clearly an error and should read "nonradioactive."

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The Editors are pleased to receive letters commenting on articles published in the journal in the past six months, as well as information or short case reports of interest to our readers. ALL MATERIAL SUBMITTED FOR CONSIDERATION MUST BE DOUBLE-SPACED. Letters NO LONGER THAN 500 WORDS are preferred. An original typescript and one copy should be submitted. All letters are published at the discretion of the Editors and subject to appropriate editing. Those of a scientific nature will be peer reviewed. Authors should include information regarding conflict of interest, when appropriate ("I warrant that I have no financial interest in the drugs, devices, or procedures described in this letter"). Most letters regarding a previously published article will be sent to the authors of the article for comment. Authors of accepted letters will have an opportunity to review the edited version before publication.